



# ARIZONA DEPARTMENT OF PUBLIC SAFETY

## SECURITY GUARD / PRIVATE INVESTIGATION AGENCY APPLICATION

Arizona Department of Public Safety PO Box 6328 Phoenix, AZ 85005-6328

### INSTRUCTIONS:

1. Complete both sides of the application BEFORE mailing to the Arizona Department of Public Safety.
2. PRINT or TYPE ALL INFORMATION requested.
3. Fill in all spaces. Print "DNA" for "does not apply" in those areas which you have no information to provide. Do not omit any information.
4. Sign on the bottom of the page, witnessed by a Notary Public. Unsigned applications will be returned.
5. Mail this application, fingerprint card, documented verification of qualifying work experience, photographs, partnership or corporation papers and fees to the Arizona Department of Public Safety.
6. Use this form if applying as the Qualifying Party of an agency or Resident Manager.
7. Fees are subject to change. Refer to current fee schedule.

### APPLICATION IS FOR (SELECT ONE):

#### SECURITY GUARD AGENCY

- ☐ New Agency application \$500.00\*
- ☐ Renewal \$500.00\*  
(Complete sections A, B, D, & E)
- ☐ Resident Manager \$50.00\*
- ☐ Restructure \$100.00

#### PRIVATE INVESTIGATION AGENCY

- ☐ New Agency application \$250.00\*
- ☐ Renewal \$250.00\*  
(Complete sections A, B, D, & E)
- ☐ Restructure \$100.00

\*include \$24.00 fingerprint processing fee\*

### SECTION A

#### APPLICANT INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME		<u>FOR DPS USE ONLY</u>	
						SLN	
BIRTHDATE (MM/DD/YYYY)	HEIGHT FT. IN.	WEIGHT LBS.	EYE COLOR	HAIR COLOR	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
HOME ADDRESS (STREET, CITY, STATE, ZIP CODE)							
MAILING ADDRESS OR <input type="checkbox"/> SAME AS HOME ADDRESS							
SOCIAL SECURITY NUMBER		HOME PHONE		BUSINESS PHONE		PLACE OF BIRTH (CITY & STATE)	
LIST OF OTHER NAME(S) YOU HAVE USED							

### SECTION B

#### **REQUIRED – Complete side two of this application and answer the following question:**

**Do you meet each and every qualification for the type of license you are seeking? ☐ YES ☐ NO**

In order to permit the Arizona Department of Public Safety to make a thorough investigation of my background, pursuant to the laws of Arizona, I hereby authorize any person or legal entity to release and transmit to AZ DPS agents or employees, any information or data regarding my employment record and personal character. I release any organization and all person(s) whomsoever from any charge because of furnishing said information. Further, I certify that all of the foregoing statements are true and correct to the best of my knowledge. I understand that my license may be denied and that I may be charged with a criminal offense for knowingly making any false statements or omissions on the application. **SIGN THIS APPLICATION WITNESSED BY A NOTARY PUBLIC.** (Renewals do not need to be notarized.)

Applicant signature

Date

Notary Public

#### **FOR AZ DPS USE ONLY**

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#### **FOR AZ DPS USE ONLY**

DATE ISSUED

EXPIRATION DATE

☐ WORKER'S COMP

DPS BADGE NUMBER

REMARKS:

SECTION C EMPLOYMENT HISTORY

LIST PAST 5 YEARS OF WORK EXPERIENCE; ALSO LIST ANY JOBS WHICH REFLECT THE MINIMUM QUALIFICATIONS. USE A SEPARATE SHEET OF PAPER IF NECESSARY.

<u>NAME</u>	<u>TITLE</u>	<u>DATE (TO/FROM)</u>

SECTION D AGENCY INFORMATION

AGENCY NAME \_\_\_\_\_

PRINCIPAL BUSINESS ADDRESS (STREET, CITY, STATE, ZIP) ☐ CHECK IF NEW ADDRESS (RENEWALS ONLY) \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

PRINCIPAL MAILING ADDRESS OR ☐ SAME AS BUSINESS ADDRESS \_\_\_\_\_

BRANCH OFFICE IN ARIZONA \_\_\_\_\_ STREET \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SECTION E AGENCY STRUCTURE

☐ SOLE PROPRIETORSHIP ☐ PARTNERSHIP ☐ CORPORATION ☐ LLC ☐ OTHER \_\_\_\_\_

IF OTHER THAN A SOLE PROPRIETORSHIP, INCLUDE PROPERLY SIGNED AND REGISTERED PARTNERSHIP AGREEMENT, ARTICLES OF ORGANIZATION, OR ARTICLES OF INCORPORATION. OUT OF STATE CORPORATIONS MUST REGISTER WITH THE ARIZONA CORPORATION COMMISSION AS A FOREIGN CORPORATION AUTHORIZED TO CONDUCT BUSINESS IN ARIZONA.

LIST BELOW EACH PARTNER, OFFICER/DIRECTOR OR LLC MEMBER/MANAGER OF THE AGENCY

<u>NAME</u>	<u>TITLE</u>
NAME	TITLE
NAME	TITLE
NAME	TITLE
NAME	TITLE

LIST ADDITIONAL PERSONS ON A SEPARATE SHEET OF PAPER

SECTION F GENERAL

PROVIDE A BRIEF STATEMENT, DESCRIBING THE NATURE OF THE BUSINESS IN WHICH YOU INTEND TO ENGAGE. USE A SEPARATE SHEET OF PAPER IF NECESSARY.

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ADDITIONAL COMMENTS: \_\_\_\_\_

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